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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/991,552 11/21/2001 PAT 6,696,254

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>RA</i>	

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TITLE  
 Detection and identification of enteric bacteria

FILING FEE  RECEIVED 2108	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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